

08-01-05

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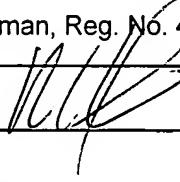
**TRANSMITTAL  
FORM**  
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|  |  |                      |                |
|--|--|----------------------|----------------|
| <b>TRANSMITTAL<br/>FORM</b><br>(to be used for all correspondence after<br>initial filing) |  | Application Number   | 10/748,636     |
|  |  | Filing Date          | 12/30/2003     |
|  |  | First Named Inventor | Ahmad Fakheri  |
|  |  | Group Art Unit       | 3753           |
|  |  | Examiner Name        | Leonard R. Leo |
| Total Number of Pages in This Submission   |  | Attorney Docket No.  | 72611-003      |

**ENCLOSURES (check all that apply)**

|  |   |   |
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| <input type="checkbox"/> Charge Deposit Account -08-3460   | <input type="checkbox"/> Assignment Papers<br>(for an Application)                      | <input type="checkbox"/> After Allowance Communication to Group   |
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| <input type="checkbox"/> Affidavits/declarations(s)  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input checked="" type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Request To Rescind Previous Nonpublication Request   |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> Request for Refund   | <input checked="" type="checkbox"/> Other Enclosure(s): Check and Postcard Receipt  |
| <input type="checkbox"/> Response to Missing Parts Incomplete Application  | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53   |   |   |
| <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) |   |   |
| Remarks: <input checked="" type="checkbox"/>   |   | Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual Name | Robert C. Haldiman, Reg. No. 45,437   |
| Signature               |  |
| Date                    | 7-29-2005   |

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| Signature             |  | Date | 7-29-2005 |

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